2001	UNIF	ORM	<b>BUSINESS</b>	REPORT	(UBR
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SIGNATURE:

B. HARBOR PROPERTIES, LL.C.  Principal Pace of Business	DOCU  1. Entity Nam	MENT #	L990	00000155		FILED		
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### ### ### #### #### ################			1			SECRETARY OF STATE		
### Principal Place of Business   3. Mailing Address   Do NOT WRITE IN THIS SPACE    2. Principal Place of Business   3. Mailing Address   Do NOT WRITE IN THIS SPACE    City & State   City & State   4. FEI Number   S5-0889908   Not Applied For Not Applie	·				SHITE 405	TALLAHASSEE, FLORIDA		
Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired   \$5.00 Additional Fee Required Fee Required Fee Required Fee Required Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  File Now!  Signature  File Now!! FEE Is \$5.0.00  Make Check Payable to Department of State  Signature Repaired Agent agreement and registered agent and required Agent agreement and registered Agent agreement agent agent agreement and registered Agent agreement agent agreement agent agent agreement agent agent agreement agent agreement agent agreement agent agreement agent agent agreement agent agent agent agreement agent agent agreement agent agent agreement agent agreement agent					SUITE 405			
Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  Street Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  MARE  SIGNATURE  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negatives agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State  Signature, types of prone name at negative agen and time Flugibilities  FILE NOW!! FEE IS \$50.00  Make Check								
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Name and Address of Current Registered Agent   Name   Na	Zip	-	Country	Zip	Country	5 Contificate of Status Desired	Cable	
HAUSER, JAMES A 3191 CORAL WAY, SUITE 405' MIAMI FL 33145  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or printed name of registered agent and title   Expolative		6. Name and	Address of Curre	ent Registered Agent	- '			
3191 CORAL WAY, SUITE 405¹ MIAMI FL 33145  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE SIGNA		• • •	,		Name			
### Park ### ### ### ### ### ### ### ### ### #	-		; TT 405;		Street Address	ss (P.O. Box Number is Not Acceptable)		
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SIGNATURE    Signature, hyped or printed name of registered agent and title if applicable. (NOTE Registered Agent eignature required when reinstating)   DATE					- City	FL Zip Code		
Make Check Payable to Department of State	SIGNATURE .	Signature, typed or pri	nted name of registered ag	ent and title if applicable.	(NOTE: Registered Agent signature requi	uired when reinstating) DATE	•	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of true empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated limited lia	certify that the info on this report is bility company or	ormation supplied value and accurate a the receiver of true	with this filing does not qual and that my signature shall later empowered to execute	ify for the exemption stated in have the same legal effect as it this report as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same statutes are section of the same statutes.	ion	